

STRATEGIC PLAN FISCAL YEAR 2001

Submitted October 1999

**Aligning DSCYF to Assure Safety and Positive Change
for Children and Families in Our Care**

DEPARTMENT OF SERVICES FOR CHILDREN, YOUTH AND THEIR FAMILIES

Thomas P. Eichler, Secretary

Management Leadership Team (MLT)

Thomas P. Eichler
Cabinet Secretary

Patricia M. Hearn
Executive Assistant to the Cabinet Secretary

Alisa L. Swain, Director
Division of Management Services

Henry R. Smith III, Deputy Director
Division of Management Services

Julian R. Taplin, Ph.D., Director
Division of Child Mental Health Services

Roberta S. Ray, Ph.D., Deputy Director
Division of Child Mental Health Services

Sherese Brewington-Carr, Director
Division of Youth Rehabilitative Services

Nancy D. Pearsall, Deputy Director
Division of Youth Rehabilitative Services

Isaac R. Palmer, Director
Division of Family Services

Margaret J. Timko, Deputy Director
Division of Family Services

Table of Contents

Mission and Vision	1
Environmental Scan	2
Alignment of DSCYF Goals and Objectives	5
Safety	8
Positive Client Outcomes	11
Next Steps	15

Mission and Vision

Governor Carper has placed a strong emphasis on quality improvement as an integral part of his administration's goals and the Department takes this objective seriously. The following mission statement articulates the Department's commitment to quality customer outcomes.

Mission Statement: To facilitate positive change in the behavior and condition of the children and families in our care

This mission statement explicitly states the Department's purpose— DSCYF is to facilitate and support positive changes in the behavior and condition of the children and families in its care. By focusing on its core functions, the Department assists the clients it serves by providing opportunities for them to change their behaviors and/or living conditions so that they increase their ability to cope with the needs and demands in their lives.

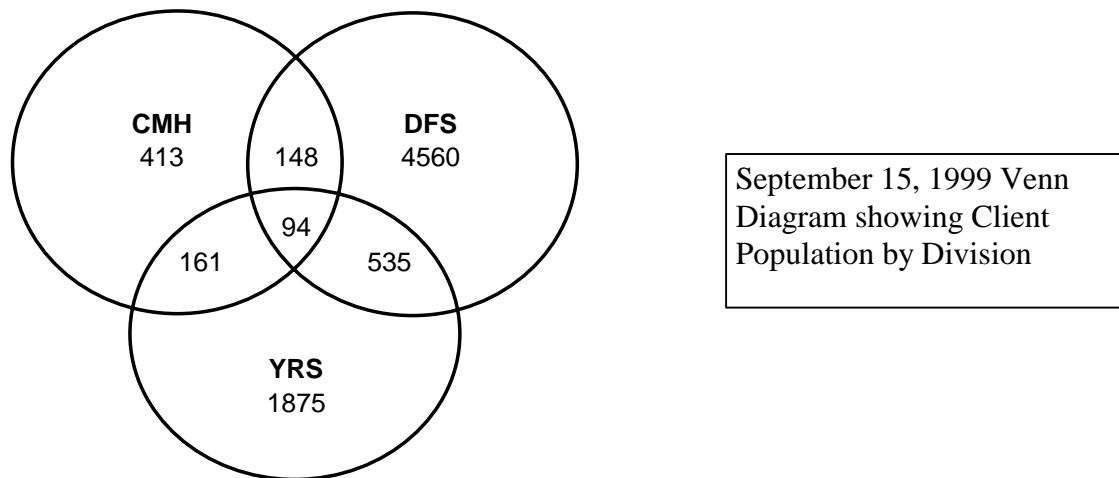
As the Department shifts its focus from service provision to improved client outcomes, the emphasis in staff performance measures will also shift from how much time and effort staff invest providing client services to how much positive change occurs in the behavior and living conditions of children and their families as the result of DSCYF programs and staff work. The Department evaluates itself, not in terms of how many customers we served, but in terms of how much better their lives are because of DSCYF involvement with them.

Vision Statement: Excellence in services for children and families now and for the future

Department staff strive for excellence in services to achieve the best possible outcomes for children and their families—now and for the future. DSCYF's vision is that excellence is the benchmark standard against which all Departmental efforts are evaluated.

Environmental Scan

The nature of DSCYF's mission is that the Department serves the most challenged, and challenging, children, youth and families in Delaware. On any given day, DSCYF staff and contracted providers are serving nearly 8,000 children (less than 5%) of the approximately 185,000 children and youth in our state. The distribution of these children by division and those served by two or more divisions as of September 15, 1999 is shown in the following Venn diagram.

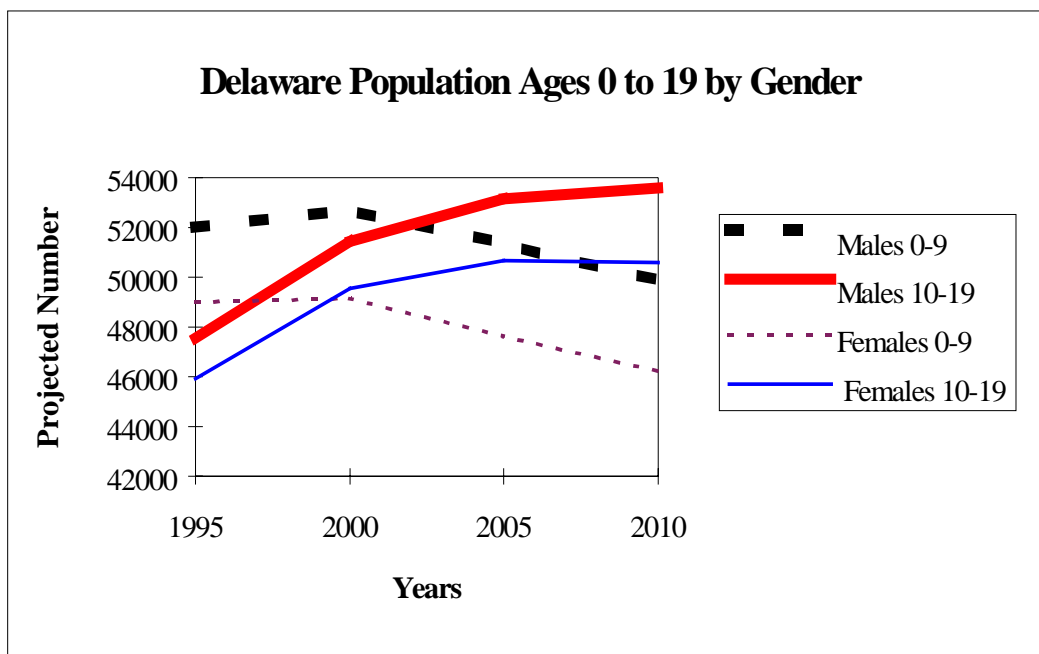


The Department's Management Leadership Team (MLT) has been focusing its efforts on all the children in the diagram. Each division is addressing issues unique to its own services.

- The Division of Family Services is focused on implementing child safety assessment, safety planning, and child safety monitoring and continuously needs to expand its foster care capacity
- The Division of Child Mental Health Services is working to reduce "boarder" days in deep-end residential services
- The Division of Youth Rehabilitative Services is at maximum capacity in Ferris School and continues to have populations in the state's two detention centers that greatly exceed facility capacity
- The Division of Management Services facilitates the review and analysis of the key performance measures and dashboard gauges used to evaluate the effectiveness of the Department's service continuum

Together, the MLT is tackling the problems of services for youth represented in the overlapping portions of the Venn diagram. Youth in the overlapping sections of the diagram tend to be older. These youth represent the most complex and challenging cases for DSCYF and are the most expensive to serve.

As the following projection chart indicates, the adolescent youth population is expected to continue increasing between 2000 and 2010.



The MLT is sharply focused on:

- Safety for all the children and youth DSCYF serves
- Improving services and filling the gaps in the Department's continuum of services
- Maximizing effective use of the dollars allocated for children services

The MLT knows, and the public understands, that there will be individual situations which occur that are setbacks in what DSCYF staff are attempting to do to protect and improve conditions for the children the Department serves. What the public has a right to expect, is that in spite of these situations, the Department is being effective in its work, and that the setbacks that happen are not attributable to a lapse in DSCYF performance. No matter what the cause, the Department is committed to addressing its performance as a self-correcting organization. With an operating budget of \$123 million and 1,100 staff, the public has the right to expect that safety will be accompanied by improvement in the condition and behavior of the children and families the Department serves.

Beginning in January 1998, the Management Leadership Team (MLT) of the Department embarked on a broadly based, customer focused, systems improvement discipline as embodied in the Baldrige quality standards and the Delaware Quality Consortium. By January, 2000, DSCYF will have operationalized the work that has been under development.

The key goals for success are *safety* and *positive client outcomes*. To assure that DSCYF can reach these goals, the Department has been:

- Identifying safety and positive client outcome performance measures and creating them where needed
- Building department-wide quality assurance capacity and capability.

Safety and Positive Client Outcome Performance Measures: *“If you are not keeping score, it’s only practice.”*

To assure that children and youth in our care are safe, the Department will pay attention to:

- Timely contacts (timely initial and on-going contacts are the most important actions staff can take to insure child safety)
- Child safety within case management
- “Critical incidents” and their analysis using root cause analysis to determine if an incident was “out-of-criterion” and to provide recommendations for system improvements to prevent future occurrences

The primary measures of client outcomes will be the re-entry into treatment from child abuse, re-hospitalization in child mental health, recidivism rates, and re-commitments to YRS secure care. These return to service or recidivism measures, by their nature, take time to show meaningful results. Therefore, the Department is also tracking the gains a child makes while in our care. The Department is implementing a number of pre- and post-measures related to child functioning, substance abuse, and educational achievement as measured by the:

- Child and Adolescent Functional Assessment Scale—CAFAS
- Adolescent Drug and Alcohol Diagnostic Instrument—ADAD
- Kaufman Test of Educational Achievement—K-TEA

The Department is also piloting performance measurement in provider contracts during FY-2000. These measures incorporate the Department’s positive client outcome performance measures. Monitoring provider performance is important because a significant proportion of DSCYF services are delivered through provider contracts. The Department’s state-funded budget in FY-2000 is approximately 101 million dollars. Approximately 49 million dollars will be used to fund provider services. Knowing how well DSCYF service providers are performing is critical for evaluating how well DSCYF is fulfilling its mission for the children and families of Delaware.

Alignment of DSCYF Goals and Objectives

The Department of Services for Children, Youth and Their Families strives to be a valued partner in providing services to children and families in Delaware and is a member agency of the Family Services Cabinet Council (FSCC) created by Governor Carper in 1993. A major services integration initiative of the FSCC has been the creation of Families Count in Delaware.

The mission of the Families Services Cabinet Council is:

To strengthen and support Delaware families and help children achieve their full potential within safe and caring communities

The goals of the FSCC are:

- Healthy Children
- Successful Learners
- Resourceful Families
- Nurturing Families
- Strong and Supportive Communities

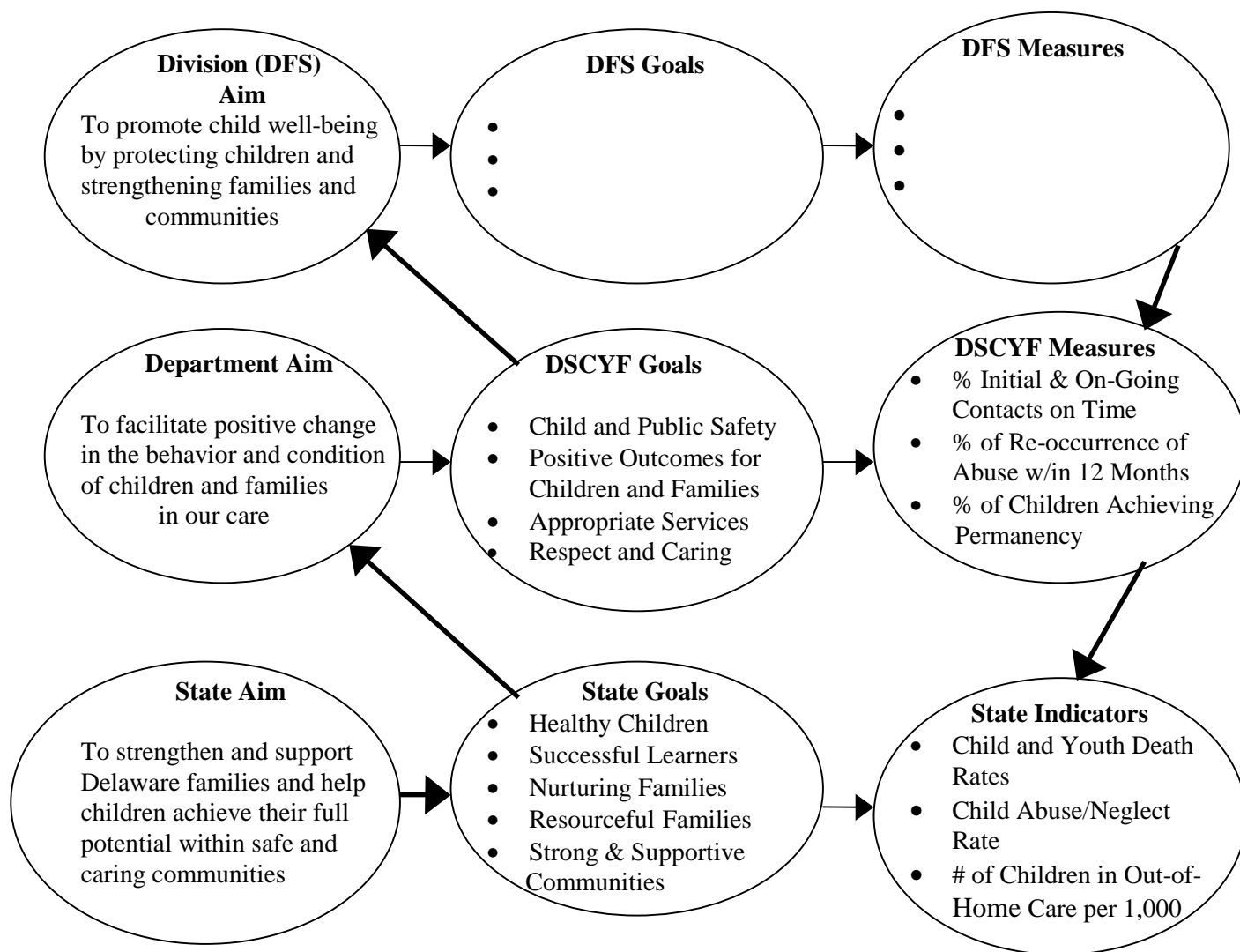
For each of its goals, the FSCC had identified “indicators” of the quality of well-being for children and families in Delaware. These indicator measures are published annually in the Families Count in Delaware publication.

In alignment with the goals of the FSCC, and to fulfill its mission, DSCYF has established the following priority goals:

- Safety—To thrive and reach their full potential, children need safe environments in their homes, in their child-care facilities, out-of-home placements, and in their communities. DSCYF strives to assure that children are safe from harm or neglect in all these settings. Achievement of this goal means that children have secure and positive environments in which to live and grow.
- Positive Client Outcomes—Specific areas of behavior and condition change are monitored to provide accountability and to align resources to assure successful outcomes. Achievement of this goal means that the children of Delaware will be safer, will live in more stable and nurturing homes, will avoid substance abuse and delinquency, and will have a higher probability of succeeding in school.

To establish alignment between missions, goals, and measures, Divisions are developing goals and measures aligned with goals and measures of DSCYF. A visual example of this alignment is contained in the following chart.

Alignment of Aims, Goals, and Measures between the Family Services Cabinet Council, DSCYF and the Division of Family Services



For FY-2001, primary emphasis will be placed on closing the gap between current performance and the performance measure targets established for the safety and positive client outcome goals. A listing of these performance measures is contained in the following table.

**Performance Measures for the DSCYF Goals of
Child Safety and Positive Client Outcomes**

DSCYF Goals	Performance Measures	Current Performance	Jan 1- Dec 31 2000 Goal
Child Safety			
<i>Critical Incidents</i>	# of Death Critical Incidents	3	0*
	# of Hospitalization Critical Incidents	8	0*
	# Institutional Abuse Incidents Resulting in Arrest	10	0*
	# of Escapes from YRS Secure Care	1	0*
	Total # of Critical Incidents	22	0*
<i>Initial and On-Going Contacts on Time</i>			
	% DFS Initial Investigation Contacts on Time	78%	100%
	% DFS Initial Treatment Contacts on Time	65%	100%
	% DFS Treatment On-Going Contacts on Time	66%	100%
	% DCMHS Initial Crisis Contacts on Time	99%	100%
	% DCMHS Initial Routine Contacts on Time	96%	100%
	% DYRS Initial Probation Contacts on Time	59%	80%
	% DYRS On-Going Probation Contacts on Time	58%	80%
<i>Case Safety Reviews</i>			
	% DFS Safety Reviews-Not Adequate	9%	0%
	% DCMHS Safety Reviews-Not Adequate	2%	0%
	% DYRS Safety Reviews-Not Adequate	New Measure	0%
Client Outcomes			
<i>Recidivism or Return to Service</i>	% DYRS Recidivism—Levels V	47%	40%
	% DYRS Recidivism—Levels IV	47%	40%
	% DYRS Recidivism—Level III	20%	20%
	% DYRS Recidivism—Level II	New Measure	14%
	% DCMH Hospital Re-admissions in 30 days	11%	15%
	% DFS Abuse Recurrences in 12 months	New Measure	10%
<i>Permanency</i>			
	% DFS Children Achieve Permanency	New Measure	+5%
	% Children with >2 Placements w/in 12 months	New Measure	10%
<i>Positive Client Outcomes</i>			
	% Children with Improved CAFAS Scores	79.3%	85%
	% Children with Improved ADAD Scores	71%	75%
	% DSCYF Students with Improved K-TEAs	88%	95%
	Average Increase in YRS Ferris K-TEA Scores	2.5 grades	2.0 grades

* *There were 22 critical incidents in FY 1999; however, not all of these were “out-of-criterion” due to flaws in programs and systems under the Department’s aegis. The goal for Jan 1 to Dec 31, 2000 is that there will be no “out-of-criterion” critical incidents.*

Safety Objectives and Performance Measures

The safety of children, youth, and the public is a primary goal of DSCYF activities. The Department has identified four key objectives in pursuit of this goal.

Key Safety Objective # 1

Reduce the frequency of “out-of-criterion” critical incidents

Out-of-criterion critical incidents denote events in which actions (or the inaction) of caretakers and/or case management staff result in harm to children or youth in DSCYF care or a threat to public safety.

Performance Measures for Key Safety Objective # 1

Reduce the Frequency of “Out-of-Criterion” Critical Incidents

Performance Measures	Critical Incidents FY 1999*	Target Jan 1 to Dec 31 2000 Performance for “Out-of- Criterion” Incidents
• Total # of critical incidents	22	0
• # of deaths	3	0
• # of hospitalizations	8	0
• # of institutional abuse incidents resulting in arrest	10	0
• # of escapes from YRS Secure Care	1	0

* *There were 22 critical incidents in FY 1999; however, not all of these were “out-of-criterion” due to flaws in programs and systems under the department’s aegis. All critical incidents will be tracked, with a special focus on those that are “out-of-criterion”; the “out-of-criterion” incidents will be reviewed using a process called Root Cause Analysis.*

Strategic Activities: To achieve this objective and to close performance gaps , the following process improvements are being implemented:

- Prepare consolidated quarterly critical incident reports
- Complete a “root cause analysis” report for each out-of-criterion critical incident

Performance Monitoring / Evaluation Plans: The following tracking and monitoring activities are in place or under development:

- Prepare quarterly Critical Incident Reports for review by the Quality Council and Division management
- Complete a Root Cause Analysis Report for each out-of-criterion critical incident

- Quarterly review of the Critical Incident and “Out-of-Criterion Root Cause Analysis Reports by the Cabinet Secretary

Key Safety Objective # 2

Achieve “eyes on” contact with a child and family within initial contact standards and maintain on-going contact schedules for all programs

Performance Measures for Key Safety Objective # 2 (Initial Contacts)

Percent of Initial Contacts with Children and Families within Initial Contact Time Standards

Performance Measures	Current Performance	Target 2001 Performance
• % initial DFS abuse/neglect investigation contacts made within time standard	86%	100%
• % initial DFS treatment contacts made within time standard	65%	100%
• % CMHS crisis initial contacts made within time standard	99%	100%
• % CMHS routine initial contacts made within time standard	96%	100%
• % YRS probation initial contacts made within time standard	59%	80%

Performance Measures for Key Safety Objective # 2 (On-Going Contacts)

Percent of On-Going Contacts with Children and Families Meeting On-Going Contact Schedule Standards

Performance Measures	Current Performance	Target 2001 Performance
• % DFS abuse and neglect treatment case contacts in compliance with on-going contact schedule standards	66%	100%
• % YRS probation case contacts in compliance with on-going contact schedule standards	58%	80%

Strategic Initiatives: To achieve this objective and to help close the performance gap between current and targeted performance, the following initiatives are proposed:

- Reallocate DSCYF staff to provide intake staff at Family Court to assist with achieving contact between adjudicated youth and probation officers within the initial contact time standard (YRS and DMS)

- Family and Child Tracking System (FACTS) programming up-grades to track and report initial and on-going contact performance

Strategic Activities: To achieve this objective and to help close the performance gap between current and targeted performance, the following activities are planned:

- Modify FACTS to automate tracking of initial and on-going client contacts to create a supervisory alert report
- Use Family Service Assistants to support achievement of initial investigation and treatment contact compliance (DFS)
- Review all instances of “late” initial and on-going contacts to identify potential system improvements
- Ensure appropriate distribution of staff and workload assignments to achieve compliance with initial and on-going contact standards

Performance Monitoring / Evaluation Plans: The following tracking and monitoring are in place or in under development:

- Develop automated reports (to replace current manual practices) to track initial and on-going contact time compliance standards and to provide a supervisory alert mechanism for contacts coming due
- Monthly review of initial and on-going contact time compliance by program and Division management
- Quarterly review of initial and on-going contact time compliance by the Cabinet Secretary

Key Safety Objective # 3

Reduce safety element deficiencies during the planning and implementation of service and treatment plans for all children and youth in DSCYF programs

Performance Measures for Key Safety Objective # 3

Reduce Safety Element Deficiencies During the Planning and Implementation of Service and Treatment Plans for Children and Youth in DSCYF Care

Performance Measures	Current Performance	Target 2001 Performance
• % DFS safety case reviews identifying safety deficiencies	9%	0%
• % DCMHS Safety Reviews—Not Adequate	2%	0%
• % YRS Community Services case reviews identifying safety deficiencies	New Measure	0%

Strategic Activities: To achieve this objective and to close performance gaps, the following processes are being continued or implemented:

- Continue peer safety reviews for children and youth in CMHS services
- Continue monthly administrative safety assessments of 150 randomly selected DFS investigation and treatment cases—automate this process
- Institute safety service / treatment case reviews in YRS Community Services

Performance Monitoring / Evaluation Plans: The following tracking and monitoring activities are in place or development:

- Monthly and/or quarterly review of case safety review / assessment findings by program and Division management
- Quarterly review of case safety review / assessment findings by the Cabinet Secretary

Client Outcome Objectives and Performance Measures

Achieving positive client outcomes for children, youth, and their families is another primary goal of DSCYF activities. The Department has identified the following key objectives in pursuit of this goal.

Key Positive Client Outcome Objective # 1

Reduce return to service and recidivism rates for children and youth in DSCYF care

Performance Measures for Key Positive Client Outcome Objective # 1

Reduce the Recidivism Return to Service Rates for Children and Youth in DSCYF Care

Performance Measures	Current Performance	Target 2001 Performance
• % of CMHS hospital re-admissions within 30 days	11%	15%
• % of DFS abuse / neglect recurrences within 12 months	12%	10%
• YRS Level V recidivism rate	47%	40%
• YRS Level IV recidivism rate	47%	40%
• YRS Level III recidivism rate	20%	20%
• YRS Level II recidivism rate	New Measure	14%

Strategic Initiatives: To achieve this objective and to help close the performance gap between current and targeted performance, the following initiatives are proposed:

- Reallocate DSCYF staff to provide intake staff at Family Court to assist with achieving contact between adjudicated youth and probation officers within the initial contact time standard
- Equip YRS Probation Officers with remote wireless computers and cell phones to increase productivity
- Create training capacity for Community Services within YRS

Strategic Activities: To achieve this objective and reduce the performance gaps, the following process improvements or activities are being implemented:

- Insure appropriate distribution of staff and workload assignments to achieve compliance with service / treatment plan implementation on-going contact schedules
- Continue safety assessments for DFS investigation and treatment cases
- Modify the Department's Family and Child Tracking System (FACTS) to automate tracking of initial contacts of adjudicated youth with probation officers and create a supervisory alert report for initial probation contacts
- Maintain on-going contact schedules with youth on probation in the community
- Develop Level II recidivism rate procedures and reports

Performance Monitoring / Evaluation Plans: The following tracking and monitoring are in place or in development:

- Monthly and quarterly reviews of initial contact compliance ongoing contact schedule compliance by program and Division management
- Quarterly review of initial contact time and on-going contact schedule compliance by the Cabinet Secretary
- Semi-annual reviews of recidivism rates by program and Division management and the Cabinet Secretary
- Quarterly reviews of Abuse / Neglect Re-occurrence Report and CMHS Hospital Re-admission Reports by program and Division management
- Quarterly reviews of Abuse / Neglect Re-occurrence Report and CMHS Hospital Re-admission Reports by the Cabinet Secretary

Key Positive Client Outcome Objective # 2

Increase the percentage of children and youth who achieve permanency within mandated time frames

Performance Measures for Key Positive Client Outcome Objective # 2

Increase the Percentage of Children and Youth Who Achieve Permanency Within Mandated Time Frames

Performance Measures	Current Performance	Target 2001 Performance
• % children achieving permanency	New Measure	+ 5%
• % of children with more than 2 placements within 12 months because of their behavior	New Measure	10%

Strategic Initiatives: To achieve this objective and to close performance gaps, the following initiatives are being proposed:

- Increase foster care and adoption subsidy rates
- Develop and implement a comprehensive Foster Parent / Adoption Recruitment Plan with emphasis on minority children and children with disabilities
- Hire nurse consultants to assist in providing health screens for children entering foster care and to provide medical case management for medically fragile children in DFS foster care
- Expand multi-disciplinary family substance abuse treatment capacity in DFS

Strategic Activities: To achieve this objective and to monitor progress toward performance goals, the following activities are being planned or implemented:

- Develop strategies for evaluating the appropriateness of removal decisions and placement selection
- Enforce monthly foster visits requirements
- Complete and implement a training re-design for permanency planning
- Increase foster care adoption rates
- Develop supports for Kin Care for abused and neglected children to include movement toward adoption or guardianship
- Examine post-adoption support services and make recommendations for quality improvements in post-adoption support services

Performance Monitoring / Evaluation Plans: The following tracking and monitoring are in place or in development:

- Quarterly reviews of permanency and multiple-placement reports by program and Division management
- Quarterly reviews of permanency and multiple placement reports by the Cabinet Secretary

Key Positive Client Outcome Objective # 3

Improve the functioning of children and youth receiving services through Department programs and contracted treatment services

Improved functioning is measured by standardized instruments such as the Child and Adolescent Functional Assessment Scale (CAFAS), the Adolescent Drug and Alcohol Diagnostic Instrument (ADAD), and the Kaufman Test of Educational Achievement (K-TEA).

Performance Measures for Key Positive Client Outcome Objective # 3

Outcomes for Children and Youth as Measured by Standardized Instruments

Performance Measures	Current Performance	Target 2001 Performance
• % children and youth with improved CAFAS scores	79.3%	85%
• % youth with improved ADAD scores	71%	75%
• % DSCYF students with improved K-TEA scores	88%	95%
• Average grade increase in Ferris youth K-TEA scores	2.5 Grades	2.0 Grades

Strategic Initiatives: To achieve this objective and to close performance gaps, the following initiatives are being proposed:

- Expand therapeutic group care
- Expand therapeutic foster care

Strategic Activities: To achieve this objective and to monitor progress toward performance goals, the following activities are being implemented:

- Implement use of CAFAS in monitoring the progress of all children and youth with length of stays of at least six months in residential programs
- Implement use of the K-TEA for monitoring the academic progress of children and youth with at least six months participation in DSCYF educational programs
- Implement use of ADAD in Ferris School and CMHS substance abuse programs
- Develop quarterly monitoring, analyses, and reporting of standardized scores

Performance Monitoring / Evaluation Plans: The following tracking and monitoring procedures are in place or in development:

- Development of quarterly monitoring reports for CAFAS, ADAD, and K-TEA Scores
- Quarterly reviews of CAFAS, ADAD, and K-TEA Reports by program and Division management
- Quarterly reviews of CAFAS, ADAD, and K-TEA Reports by the Cabinet Secretary

Next Steps

The Department is taking steps to fulfill expectations that DSCYF will be:

- a well-managed organization
- able to demonstrate safety and positive outcomes for the children and youth served
- viewed as a valued partner in providing children services in Delaware

These steps include:

- Creating a DSCYF Quality Council with the assignment of new responsibilities for the Office of Case Management and the Planning, Monitoring and Evaluation Unit. Key elements in fully implementing the Department's quality assurance system are:

Completing the safety and outcomes dashboard gauges--including their certification according to policy

Going operational with the critical incident policy—including integration of root cause analysis practice

Deploying the Quality Council to critically evaluate report data and assure linkages to system improvement

- Implementing inter-divisional system performance improvements
- Documenting Division processes with appropriate system flow diagrams to identify key decision points and the measures and reports used to monitor division operations
- Installing Division quality assurance processes that feed information to the Department Quality Council and connects performance measurement with internal review and corrective action
- Completing division aim, goal, and measure charts
- Tapping Child Mental Health's expertise to assist in the full implementation of the Department's quality assurance system

- Expecting the Division of Management Services to lead the way on report certification to assure data integrity

The task of putting in place the systems improvements DSCYF is expecting to be using by January, 2000 is requiring much of all of the Department's top management, but people understand the purpose and the commitment is firm. The Management Leadership Team would all much rather be busy improving the system than managing the consequences of a high profile case.

Today children are safer and being better served than before, but the Department has some important steps to take which will build deep the ability of DSCYF to sustain its momentum as a self-correcting organization serving Delaware's most vulnerable children.